



Renovation Recordkeeping Checklist

Name of Firm: PELLA Mid-Atlantic
Date and Location of Renovation: 11/22/21 **(b) (6)(b) (6)(b) (6)**
Job Name: **(b) (6)(b) (6)**

Order Number: 7117R Y TZM
Brief Description of Renovation: 2 Wood Windows

Name of Assigned Renovator: **(b) (6)**

Name(s) of Trained Worker(s), if used: **(b) (6)**

Name of Dust-Sampling Technician, Inspector or Risk Assessor, if used: N/A

☒ Copies of renovator and dust-sampling technician qualifications (training certificates, certifications) on file

☒ Certified renovator provided training to workers on (check all that apply):

☒ Posting warning signs

☒ Setting up plastic containment barriers

☒ Maintaining containment

☒ Avoiding the spread of dust to adjacent areas

☒ Waste handling

☒ Post-renovation cleaning

☐ Copy of the "Test Kit Documentation Form" provided to the property owner/occupant

☒ Warning signs posted at entrance to work area

☒ Work area contained to prevent spread of dust and debris:

☒ All objects in the work area removed or covered (interiors)

☒ Doors in and within 20 feet of the work area closed and sealed (exteriors)

☒ HVAC ducts in the work area closed and covered (interiors)

☒ Doors that must be used in the work area covered to allow passage but prevent spread of dust

☒ Windows in the work area closed (interiors)

☒ Floors in the work area covered with taped-down plastic (interiors)

☒ Windows in and within 20 feet of the work area closed (exteriors)

☒ Ground covered by plastic extending 10 feet from the work area; plastic anchored to building and weighed down by heavy objects (exteriors)

☒ Doors in the work area closed and sealed (interiors)

☒ If necessary, vertical containment installed to prevent migration of dust and debris to adjacent property (exteriors)

☐ Waste contained on-site and while being transported off-site

☒ Work site properly cleaned after renovation:

☒ All chips and debris picked up; protective sheeting misted, folded dirty side inward, and taped for removal

☒ Work area surfaces and objects cleaned using HEPA vacuum and/or wet cloths or mops (interiors)

☒ Certified renovator performed post-renovation cleaning verification (describe results, including the number of wet and dry cloths used):

Used 10 Wet Cloths for 2 Windows.

Used 3 Dry cloths and HEPA Vacuumed Everything.

☐ If dust clearance testing was performed instead, attach a copy of report.

☐ I certify under penalty of law that the above information is true and complete.

Name

(b) (6)

in-house install technician

Date

11/22/21



(b) (6)

Sign-in Sheet

Certified Removal

Date _____

(b) (6)

[illegible]

United States Environmental Protection Agency

This is to certify that



Estate Construction

has fulfilled the requirements of the Environmental Protection Act (EPA) Section 402, and has received certification to conduct lead-based paint repair, and painting activities pursuant to 40 CFR part 745.60

In the Jurisdiction of:

All EPA Administered States, Tribes, and Territories

This certification is valid from the date of issuance and expires May 18, 2020

NAT-26214-2

Certification #

January 28, 2015

Issued On



Michelle Price

Michelle Price, Chief

Lead, Heavy Metals, and Inorganics Branch

CREW:

CUSTOMER NAME:

INSTALL DATE:

DOCUMENT

CREW RECORDKEEPING

SIGN-IN SHEET

LSI PHOTOS

MISSING

RECEIVED

☐☐☐☐☐☐



INSTALLATION COMPLETION REPORT

Windows and Doors

LEAD

Subir
Pella Mid-Atlantic, Inc.
12100 Baltimore Avenue, Suite 1
Beltsville, MD 20705
301-957-7070
MHIC136537
VA 2705170176

Customer Name

Address

Phone Day

Night

Cell:

(b) (6)

Installation Date: 10/2/21

Order#: 717YRYT2M

Crew: D&M2

Delivery:

Install Pick-up: ☒ 7-10am

Custom Stain or Paint: ☐

☐ C.O.D. Payment Schedule:

Delivery Payment (due before installation):

Completion Payment:

If paying by check – text picture & customer name to payments@pellamidatlantic.com

If paying by card – call into (301) 957-7008

(Visa, Master Card, Discover & American Express)

☒ Finance: Please sign below to authorize that financing can be ran.

Customer

NOT RAN

Complete the following after walk through with crew leader.

List Any Deficiencies:

Item#	Specific Problem
2	Windows were miss measure so we need 2 windows for the Livingroom The measure is 28X33

Customer Comments: - - - - -

Customer Signature:

Date: 10/2/2021

Crew Leader Signature:

Date: 10/2/2021

(b) (6)

Certified Rep

see Sign-in Sheet

Date 10-2-21

Name Robert

Sign-In Time

Sign-out Time

8:30

4:30

8:30

4:30

8:30

4:30

United States Environmental Protection Agency

This is to certify that



Estate Construction

has fulfilled the requirements of the Lead-based Paint Renovation, Repair, and Painting (RRP) Rule (40 CFR Part 745) and has received certification to conduct lead-based paint renovation, repair, and painting activities pursuant to 40 CFR Part 745.39

In the Jurisdiction of:

All EPA Administered States, Tribes, and Territories

This certification is valid from the date of issuance and expires May 18, 2020

NAT-26214-2

Certification #

January 28, 2015

Issued On



Michelle Price

Michelle Price, Chief

Lead, Heavy Metals, and Inorganics Branch

CREW:

CUSTOMER NAME:

INSTALL DATE:

DOCUMENT

CREW RECORDKEEPING

SIGN-IN SHEET

LSI PHOTOS

MISSING

RECEIVED

☐☐☐☐☐☐



Renovation Recordkeeping Checklist

Name of Firm: DYM

Date and Location of Renovation: 10-2-21

Job Name: (b) (6)(b) (6)

Order Number: 717VRYTEM

Brief Description of Renovation: 7 wood windows

Name of Assigned Renovator: (b) (6)

Name(s) of Trained Worker(s), if used: (b) (6)

Name of Dust-Sampling Technician, Inspector or Risk Assessor, if used: N/A

☒ Copies of renovator and dust-sampling technician qualifications (training certificates, certifications) on file

☒ Certified renovator provided training to workers on (check all that apply):

☐ Posting warning signs

☐ Setting up plastic containment barriers

☐ Maintaining containment

☐ Avoiding the spread of dust to adjacent areas

☐ Waste handling

☐ Post-renovation cleaning

☒ Copy of the "Test Kit Documentation Form" provided to the property owner/occupant

☒ Warning signs posted at entrance to work area

☒ Work area contained to prevent spread of dust and debris:

☒ All objects in the work area removed or covered (interiors)

☒ Doors in and within 20 feet of the work area closed and sealed (exteriors)

☒ HVAC ducts in the work area closed and covered (interiors)

☒ Doors that must be used in the work area covered to allow passage but prevent spread of dust

☒ Windows in the work area closed (interiors)

☒ Floors in the work area covered with taped-down plastic (interiors)

☒ Windows in and within 20 feet of the work area closed (exteriors)

☒ Ground covered by plastic extending 10 feet from the work area; plastic anchored to building and weighed down by heavy objects (exteriors)

☒ Doors in the work area closed and sealed (interiors)

☒ If necessary, vertical containment installed to prevent migration of dust and debris to adjacent property (exteriors)

☒ Waste contained on-site and while being transported off-site

☒ Work site properly cleaned after renovation:

☒ All chips and debris picked up; protective sheeting misted, folded dirty side inward, and taped for removal

☒ Work area surfaces and objects cleaned using HEPA vacuum and/or wet cloths or mops (interiors)

☒ Certified renovator performed post-renovation cleaning verification (describe results, including the number of wet and dry cloths used):
used 15 wet & 15 Dry on 7 openings used 30 wipes

☐ If dust clearance testing was performed instead, attach a copy of report. N/A

☒ I certify under penalty of law that the above information is true and complete.

(b) (6)

Date





Lead Safe
INSTALLATION COMPLETION REPORT

Subir
Pella Mid-Atlantic, Inc.
12100 Baltimore Avenue, Suite 1
Beltsville, MD 20705
301-957-7070
MHIC136537
VA 2705170176

Windows and Doors

Customer Name:

Address:

Phone Day:

Night:

Cell:

Installation Date: 11/22

Order#: 717YRYT2M

Crew: Al/Maurillo

Delivery: ☐

Install Pick-up: ☒

7-10am

Custom Stain or Paint: ☐

☐ C.O.D. Payment Schedule:

Delivery Payment (due before installation):

Completion Payment:

*Job is financed but customer has
agreed to pay full contract \$
by check*

If paying by check – text picture & customer name to payments@pellamidatlantic.com

If paying by card – call into (301) 957-7008

(Visa, Master Card, Discover & American Express)

☒ Finance: Please sign below to authorize that financing can be ran:

Customer _____

Complete the following after walk through with crew leader.

List Any Deficiencies:

Item#	Specific Problem

Customer Comments: - - - - -

Customer Signature:

Date: 11/22/2021

Crew Leader Signature:

Date: _____

INSTALL

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Customer: (b) (6)
 Address: (b) (6)
 Daytime #: (b) (6)
 Evening #: (b) (6)
 Cell #: (b) (6)
 Email: (b) (6)

Punchout #: 1
 Today's Date: 10-2-21
 Original Install Date: 10-2-21
 Original Order #: 717YRYT2M
 New Order #:
 Scheduled Repair Date:
 Arrival Time Range:
 Crew/Punchout Tech: In House AL.
 Crew Size: 2
 Hours/Day(s) Required for Work: 8
 Work Authorized by: DA

TOTAL PAYMENT DUE:
 Paid In Full
 See Attached Statement

MATERIALS REQUIRED TO COMPLETE:

Material Sheet Attached: Yes
 Buyout Items Required: No

Paint Required:
 Color:

ITEMS REQUIRED TO COMPLETE OR LABOR ONLY

PQM Item #:	35x2	PQM Item #:	
Part/Unit Needed:	Windows 28x33	Part/Unit Needed:	
Product Serial #:		Product Serial #:	
Brand/ Product:	Pella	Brand/ Product:	
Frame/VG Size (circle one):		Frame / VG Size (circle one):	
Root Cause:		Root Cause:	
PQM Item #:		PQM Item #:	
Part/Unit Needed:		Part/Unit Needed:	
Product Serial #:		Product Serial #:	
Brand/ Product:		Brand/ Product:	
Frame / VG Size (circle one):		Frame / VG Size (circle one):	
Root Cause:	OV/Wrong Measurements	Root Cause:	

Check: Unit Installed ☐ Returned to Warehouse ☐

LABOR INSTRUCTIONS

- 1.) Install new windows size 28"x33"
- 2.) BOTH WINDOWS IN THE LIVING ROOM
- 3.)
- 4.)

List any deficiencies required to complete installation below:

- 1.)
- 2.)
- 3.)

INSTALLER'S SIGNATURE:	DATE:	*must be signed & dated*
HOMEOWNER'S SIGNATURE:	DATE:	